

## STATEMENT OF HEALTH, EDUCATION, AND EMPLOYMENT

### A. CLIENT INFORMATION

CLIENT'S NAME	CLIENT'S TELEPHONE NUMBER	CLIENT ID NUMBER
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTH DATE	SOCIAL SECURITY NUMBER

Have you applied for or received any of the following:

- ☐ Labor and Industries/Worker's Compensation      ☐ Social Security Disability or SSI  
☐ Unemployment Compensation      ☐ Veteran's Benefits (VA)

### B. HEALTH INFORMATION

1. Are you unable to work because of a health condition? ☐ Yes ☐ No

If yes, provide the following information:

a. Tell us about your health problem(s):

b. Tell us why this problem(s) is keeping you from working now:

2. Have you lost a job (or more than one job) in the past due to this same health problem? ☐ Yes ☐ No

If yes, tell about this job loss:

### C. TREATMENT INFORMATION

CONDITION YOU WERE TREATED FOR	TREATING DOCTOR OR HOSPITAL	DATE LAST SEEN

### D. EDUCATION AND TRAINING

1. What is your primary language? \_\_\_\_\_

2. What is the highest grade you completed in school (K – 12): \_\_\_\_\_

3. High school diploma? ☐ Yes ☐ No GED? ☐ Yes ☐ No

4. Did you attend special education classes? ☐ Yes ☐ No

5. Additional education or job training, such as college, business school, on-the-job or vocational training:

TYPE OF TRAINING	DATES ATTENDED	COMPLETED		CERTIFICATE LICENSE OR DEGREE AND YEAR
		YES	NO	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

### E. WORK HISTORY

1. What do you consider your usual occupation? \_\_\_\_\_

<b>C. WORK HISTORY (CONTINUED)</b>				
2. List your last three (3) jobs beginning with the most recent job (include jobs listed in B.2., if appropriate):				
JOB DUTIES	HOURS PER WEEK	MONTH AND YEAR		WHY DID THE JOB END?
		START	STOP	
3. What other type of work have you done in the last five (5) years?				
4. What work skills do you have? Include any hobbies such as sewing, wood working, repairing cars.				
5. What kind of help or services do you need in order to return to work?				
IF SOMEONE TRANSLATED OR HELPED YOU FILL OUT THIS FORM, ENTER THEIR NAME AND RELATIONSHIP TO YOU HERE				
<b>I declare under penalties of perjury that the information given by me on this Statement of Education, Employment, and Health is true, correct, and complete to the best of my knowledge. I understand that the Department of Social and Health Services may require me to provide proof of my statements.</b>				
CLIENT'S SIGNATURE			DATE	
<b>E. OFFICE USE ONLY</b>				
1. Physical/mental health observations, including significant features or characteristics: _____				
_____				
_____				
2. Barriers to employment or other job services, details of special education history: _____				
_____				
_____				
3. Substance abuse history: _____				
_____				
_____				
4. Use of other service agencies; e.g., Division of Vocational Rehabilitation, Employment Security: _____				
_____				
_____				
5. Use of support services, e.g., housing, food bank, transportation, family or friends, churches: _____				
_____				
_____				
			WORKER'S NAME	INTERVIEW DATE